	PATENT	RD		,	10/]]3	6,9,	10					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE				OR	OTHER SMALL	
TOTAL CLAIMS			29					RATE		FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	2 × minus 20=		. 9			X\$ 9=	-	281	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		10			X43=		<u> </u>	OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT	_	/			+145=				+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2									-	WM	OR	TOTAL	
								TOTA	٠ i	466	OR	OTHER	THAN
MOLOGCLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.29	Minus	**2	9			X\$ 9=	.		OR	X\$18=	
	Independent	· 3	Minus	*** <u>3</u>	V .			X43=	1		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	
								TOTA	<u></u>		00	TOTAL	
		(Column 1)		(Colun	no 2)	(Column 3)	/	ADDIT. FE	EE L			ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGH	EST		1		T	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT	-	PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	1		OR	X\$18=	
	Independent	*	Minus	###		=		X43=	1	-	OR	X86=	
لـــا	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		OR	+290=	
•								+145= TOTA				TOTAL	
								ADDIT. FE			OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									-	100:			
AMENDMENT C		REMAINING AFTER AMENDMENT	٠,	NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=	T		OR	X\$18=	
ME	Independent	#	Minus	***		=		X43=	1		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+				
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=			OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL BERTIDGA	
		ber Previously Paid					er fou	nd in the a	appr	opriate box	in col	umn 1.	

Application or Docket Number